

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>10/658,219</i>	FILING DATE
APPLICANT(S)	

*3-9-04*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/		/		
2			/		/	
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TOTAL IND.			9		3	
TOTAL DEP.			10		9	
TOTAL CLAIMS			19		12	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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